



County of Los Angeles CHIEF EXECUTIVE OFFICE

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LOS ANGELES, CALIFORNIA 90012
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WILLIAM T FUJIOKA
Chief Executive Officer

January 15, 2008

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR:
REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 11090862 in amount of \$6,560.23
2. Account Number 11313339 in amount of \$8,333.33
3. Account Number 10999949 in amount of \$5,000.00
4. Account Number 11182460 in amount of \$4,888.69
5. Account Number 10868573 in amount of \$80,336.49

PURPOSE /JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS


Not Applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact.

Respectfully submitted,

Reviewed by:


WILLIAM T FUJIOKA
Chief Executive Officer

RAYMOND G. FORTNER, JR.
County Counsel

WTF:SRH
ES:GS:LM:ap

by 
Deputy County Counsel

Attachments (5)

c: County Counsel
Auditor-Controller

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 97A

| | | | |
|---------------------------|--------------|----------------|------------------------|
| Amount of Aid | \$148,868.00 | Account Number | 11090862 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | 148,868.00 | Service Date | 08/13/05 thru 10/24/05 |
| Compromise Amount Offered | 6,560.23 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$142,307.77 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$148,868.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|--------------------------------|---------------------|---------------------|-----------------------|
| Attorney Fees | \$ 10,000.00 | \$10,000.00 | 40.00% |
| Attorney Cost | 780.00 | 780.00 | 3.12% |
| Morongo Basin Ambulance Assoc. | 1,864.55 | 75.50 | 0.30% |
| Desert Regional Medical Center | 29,980.78 | 1,189.00 | 4.76% |
| California Emergency Phys. | 594.00 | 21.75 | 0.09% |
| Per-Se Technologies | 1,530.00 | 58.00 | 0.23% |
| Omega Pain Clinic, Inc. | 360.00 | 14.50 | 0.06% |
| County of Los Angeles | 148,868.00 | 6,560.23 | 26.24% |
| Net to Client | N/A | 6,301.02 | 25.20% |
| Total | \$193,977.33 | \$25,000.00 | 100.00% |

Our financial investigation reveals that the client is unemployed with no spouse or dependents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 97B

| | | | |
|---------------------------|-------------|----------------|----------------------------|
| Amount of Aid | \$45,048.00 | Account Number | 11313339 |
| Amount Paid | 0.00 | Name | Adult Female |
| Balance Due | 45,048.00 | Service Date | 09/27/05 thru 10/05/05 |
| Compromise Amount Offered | 8,333.33 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$36,714.67 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$45,048.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|--------------------|---------------------|-----------------------|
| Attorney Fees | \$ 8,333.33 | \$ 8,333.33 | 33.33% |
| County of Los Angeles | 45,048.00 | 8,333.33 | 33.33% |
| Net to Client | N/A | 8,333.34 | 33.34% |
| Total | \$53,381.33 | \$25,000.00 | 100.00% |

Our financial investigation reveals that this client is unemployed and homeless. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 97C

| | | | |
|---------------------------|-------------|----------------|----------------------------|
| Amount of Aid | \$66,459.00 | Account Number | 10999949 |
| Amount Paid | 9,678.00 | Name | Adult Female |
| Balance Due | 56,781.00 | Service Date | 03/26/03 thru 06/19/03 |
| Compromise Amount Offered | 5,000.00 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$51,781.00 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$66,459.00. Medi-Cal paid \$9,678.00 of the charges, leaving a balance due of \$56,781.00.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|------------------------|--------------------|---------------------|-----------------------|
| Attorney Fees | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| City of El Segundo | 1,084.87 | 1,084.87 | 7.24% |
| Unilab | 259.36 | 0.00 | 0.00% |
| Family Care Specialist | 20.00 | 0.00 | 0.00% |
| Lorena Pharmacy | 50.00 | 0.00 | 0.00% |
| Gentiva Care Center | 1,825.40 | 0.00 | 0.00% |
| County of Los Angeles | 56,781.00 | 5,000.00 | 33.33% |
| Net to Client | N/A | 3,915.13 | 26.10% |
| Total | \$65,020.63 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client is unemployed and supported by her family. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 97D

| | | | |
|---------------------------|-------------|----------------|------------------------|
| Amount of Aid | \$81,210.00 | Account Number | 11182460 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | 81,210.00 | Service Date | 03/10/06 thru 03/28/06 |
| Compromise Amount Offered | 4,888.69 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$76,321.31 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$81,210.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement.

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|------------------------------------|--------------------|---------------------|-----------------------|
| Attorney Fees | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 100.00 | 100.00 | 0.67% |
| City of Arcadia Ambulatory Service | 1,291.77 | 1,291.77 | 8.61% |
| County of Los Angeles | 81,210.00 | 4,888.69 | 32.59% |
| Net to Client | N/A | 3,719.54 | 24.80% |
| Total | \$87,601.77 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client is employed and supports himself and family of two with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 97E

| | | | |
|---------------------------|--------------|----------------|----------------------------|
| Amount of Aid | \$120,355.00 | Account Number | 10868573 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | 120,355.00 | Service Date | 07/21/04 thru 08/12/04 |
| Compromise Amount Offered | 80,336.49 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$ 40,018.51 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an accident while on private property. He was treated at Harbor UCLA Medical Center at a cost of \$120,355.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$250,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|--------------------------------|---------------------|---------------------|-----------------------|
| Attorney Fees | \$ 83,333.33 | \$ 83,333.33 | 33.33% |
| Attorney Cost | 5,000.00 | 4,495.14 | 1.80% |
| Foothill Rehabilitation Center | 2,000.00 | 0.00 | 0.00% |
| County of Los Angeles | 120,355.00 | 80,336.49 | 32.14% |
| Net to Client | N/A | 81,835.04 | 32.73% |
| Total | \$210,688.33 | \$250,000.00 | 100.00% |

Our financial investigation reveals that the client works from his home as a self-employed truck driver, and supports himself and his spouse with a net income of \$2,400 per month. He has no other source of income or tangible assets.